



2664

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

14

Application Number

09/716,154

Filing Date

November 17, 2000

First Named Inventor

Abi-Nassif

Group Art Unit

2664

Examiner Name

Mew, Kevin D.

Attorney Docket Number

CX098007-C01/BCS03324

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/Declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Documents☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-Related papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation,
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CDs _____☐ After Allowance Communication to a
Technology Center (TC)☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter with appropriate copies☐ Other Enclosure(s) (please identify below)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm or
Individual

Esteban A. Rockett

Registration No.

55,578

Signature

Date

June 30, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

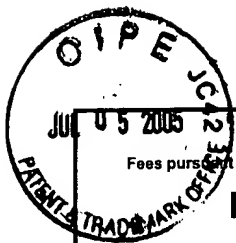
Typed or printed name

Carol J. Smith

Signature

Date

June 30, 2005



Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/716,154
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Examiner Name	Mew, Kevin D
Group Art Unit	2664
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TOTAL AMOUNT OF PAYMENT

(\$)**450****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
HP=highest number of total claims paid for, if greater than 20		
Indep. Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
HP=highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	- 100 =	Extra Sheets	/50 =	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
				(round up to a whole number) x		

4. OTHER FEE(S)

2 MONTH EXTENSION OF TIME

Fee Paid (\$)
\$450**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Esteban A. Rockett	Registration No.	55,578	Telephone	215-323-1798
Signature				Date	June 30, 2005